Accident Reporting Form					
Date		Time			
Location of Accident					
County	City		Route no.		
Where is the vehicle located now?					
You and your State Vehicle:					
Agency Name					
Agency Address					
Year and Make of Vehicle License Tag no.			State		
Name			Driver's License no.		
Address			Office Phone		
Other Vehicle					
Year and Make License tag no. and			tate		
Name			DL		
Address					
Insurance Company					
Policy no.					
Did the police investigate this accident?			Yes No		
If so, which police department?					
Was anyone charged with a violation?			Yes No		
If so, who, and what was the charge?					
Was anyone injured?			Yes No		
If so, who?					
What was the nature of the injury?					

Statement In your own words, give the circumstances of the accident.				
Return this form by mail or fax within 10 days of the date of the accident.				
South Carolina Budget and Control Board General Services Division State Fleet Management Attention: Safety Officer 140 Stoneridge Drive, Suite 650				

Fax: (803) 737-1160

Columbia, SC 29210-8257

Telephone Numbers

Emergency Medical Service	
Charleston Area	-4000
Lexington County	-2521
Richland County	-3061
Emergency	911
Law Enforcement	
Highway Patrol (Columbia Area)(803) 896	-9621
Highway Patrol (Charleston Area)(843) 740	-1650
Highway Patrol (Greenville Area)	-1503
Richland County Sheriff	-9000
Lexington County Sheriff	-8230
Columbia Police Department	-2911
Charleston City Police	-7074
Emergency	911
State Fleet Management	
State Fleet Manager	-0668
Motor Pool Dispatcher(803) 737	-1517
	1001
Motor Pool Fax (Reservations)	-1931
Motor Pool Fax (Reservations)	
	-1511
Columbia Maintenance Shop	-1511 -0668
Columbia Maintenance Shop	-1511 -0668 -1982

Accident Procedures

- Turn ignition off and evacuate vehicle.
- Render first aid to any injured persons.
- Call for medical assistance or ambulance if required (see page 2 for phone numbers).
- Call local, municipal or county police or South Carolina Highway Patrol to report accident (see page 2 for telephone numbers).
- Obtain data concerning other vehicle and driver, and complete Accident Report (see page 1).
- Turn Accident Report in to your supervisor as soon as possible.
- Give the other driver your name and your agency's name and address. DO NOT ADMIT RESPONSIBILITY FOR ANY ACCIDENT.
- Within 24 hours, report accident to the nearest office of the James C. Greene Company and to State Fleet Management.
- Collect calls will be accepted.

James C. Greene Company Telephone Numbers

Anderson	(864) 226-5525
Beaufort	(843) 525-1160
Charleston	(843) 740-6168
Columbia	(803) 771-8820
Florence	(843) 662-2566
Greenville	(864) 232-2418
Greenwood	(864) 229-3302
Lancaster	(803) 285-8419
Myrtle Beach	(843) 449-4402
Orangeburg	(803) 536-1671
Rock Hill	(803) 328-1844
Spartanburg	(864) 582-5688
Sumter	(803) 775-8316

Send a copy of the Accident Report (page 1) to each of the following addresses:

James C. Greene Insurance Adjustors PO Box 616 Columbia, SC 29202

Call collect (803) 771-8820

General Services Division State Fleet Management 140 Stoneridge Drive, Suite 650 Columbia, SC 29210-8257 Call collect (803) 737-0668